

METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES - OTHER TYPES OF CARE

CARE OF SERVICE	POLICY/METHODS USED TO ESTABLISH PAYMENT RATES
19. <u>Short Procedure Unit(SPU) Services</u>	See above Item 18.
20. <u>Targeted Case Management Services for Persons with AIDS or Symptomatic HTV</u>	See 4.19B page 10
21. <u>Hospice services</u>	<ol style="list-style-type: none">1. Payment will be made to hospice providers for routine home care, continuous home care, inpatient respite care, and general inpatient care at rates established by the Health Care Financing Administration.2. Hospice providers will be reimbursed separately for direct patient care related to the recipient's terminal illness and provided by a hospice physician. Payment will be made in accordance with the State Agency Fee Schedule based on established criteria.3. An additional room and board per diem amount will be paid to hospices in connection with routine home care and continuous home care furnished to recipients who have elected hospice care and are residing in skilled or intermediate care facilities. The room and board per diem amount will be calculated as follows.

TN No. 91-03
Supersedes
TN No. 89-02

Approval Date: 4/19/91 Effective Date: 1/1/91

METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES--OTHER TYPES OF CARE

CARE OR SERVICE	POLICY/METHODS USED TO ESTABLISH PAYMENT RATES
24. Hospice services (continued)...	An average room and board per diem will be calculated for participating skilled nursing facilities within each Metropolitan Statistical Area. A wage index appropriate to each MSA will be applied to the wage component of each average room and board per diem to account for area differences in wages. The hospice will be paid the room and board per diem commensurate with the location of the nursing facility in which the recipient is residing.
25. Medicare cost-sharing only for Qualified Medicare Beneficiaries	Payment is made for the Medicare Part A and Part B deductibles and coinsurance amounts for services provided to Qualified Medicare Beneficiaries as specified in Supplement 1 to Attachment 4.19B, pages 1 through 3.

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24. Hospice services (continued)...	An average room and board per diem will be calculated for participating skilled nursing facilities within each Metropolitan Statistical Area. A wage index appropriate to each MSA will be applied to the wage component of each average room and board per diem to account for area differences in wages. The hospice will be paid the room and board per diem commensurate with the location of the nursing facility in which the recipient is residing.

TN No. 89-02
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STATE PLAN UNDER TITLE XIX OF THE SOCIAL
SECURITY ACT

ATTACHMENT 4.19B
PAGE 8

STATE: COMMONWEALTH OF PENNSYLVANIA

METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES--OTHER TYPES OF CARE

TARGETED SERVICE MANAGEMENT FOR PERSONS WITH MENTAL RETARDATION

Providers of service management shall prepare the standard MA billing form which specifies recipient information and compensable services. The provider shall forward the document to the Department of Public Welfare for processing through the MMIS system. Claims will be processed by MMIS in accordance with federally approved protocols.

Payment shall not exceed the rate for each county program published by the Department. This rate shall be up to 100% of usual and customary charges for service management.

The rate shall be paid for each unit of service provided. The unit of service shall be a quarter hour or portion thereof, in which the service manager is engaged in services defined under the amendment.

TN#87-04
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TN# New

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STATE: COMMONWEALTH OF PENNSYLVANIA

METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES--OTHER TYPES OF CARE

TARGETED CASE MANAGEMENT SERVICES FOR PERSONS WITH MENTAL ILLNESS

Providers of case management services shall prepare the standard MA billing form which specifies recipient information and compensable services and forward the document to the Department of Public Welfare for processing through the MMIS system. Claims will be processed by MMIS in accordance with federally approved protocols.

Payments shall not exceed the rate for each county program published by the Department. This rate shall be up to 100% of usual and customary charges for case management services.

The rate shall be paid for each unit of service provided. The unit of service shall be a quarter hour of service or portion thereof.

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Supersedes

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METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES—OTHER TYPES OF CARE

TARGETED CASE MANAGEMENT SERVICES FOR PERSONS WITH AIDS OR HIV

Reimbursement for case management services shall be on a fee-for-service basis.

The rate will be established by the Department.

The unit of service shall be a quarter hour segment.

TARGETED CASE MANAGEMENT SERVICES FOR HIGH RISK CHILDREN UNDER AGE SIX

Reimbursement for case management services shall be on a fee-for-service basis.

The rate will be established by the Department.

The unit of service shall be a quarter hour segment.

TARGETED CASE MANAGEMENT SERVICES FOR PERSONS WITH SICKLE CELL ANEMIA
OR RELATED HEMOGLOBINOPATHIES

Reimbursement for case management services shall be on a fee for service basis.

The rate will be established by the Department.

The unit of service shall be a quarter hour segment.

DESCRIPTIONS OF LIMITATIONS

Description of Rate Setting Methodology

Services provided under the rehabilitative option identified as either psychiatric rehabilitation services or community treatment team services will be paid by a fee which constitutes an interim payment prior to an annual cost settlement. To determine the interim payment, each provider is required to complete an agency and program profile. Minimum productivity standards for service delivery must be met. A personnel profile consisting of staff salary and benefit costs and an itemization of non-personnel costs related to the service are requested. There is also the ability to account for costs associated with other compensation such as overtime, as well as, contracted staff. The package is summarized in cost and units to determine the interim rate. Rate setting and payment are based on Medicare principles for cost reimbursement with adherence to Medicare upper limits. Rate setting guidelines are updated and distributed annually. The interim rates established will be paid to an agency as reimbursement for a bundled service and will not duplicate or replace service specific fees currently established for practitioners. Interim rates and payments must not exceed the prevailing charges in the locality for comparable services under comparable circumstances (42 C.F.R. 447.325). Annual cost settlement will also ensure that services paid on an interim basis do not exceed allowable costs.

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